



June 28, 2012

Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street SW
Washington, D.C. 20554

RE: WC Docket No. 10-90, *In the Matter of Connect America Fund*; Annual Reporting Requirements for High-Cost Recipients, 47 CFR §54.313(a)(2)-(6) and (h)

Dear Ms. Dortch:

Enclosed please find the Eligible Telecommunications Carrier (ETC) annual report and certifications for Gorham Telephone Company, Study Area Code 411778. This information is being provided pursuant to 47 CFR §54.313(a)(2)-(6) for 2012, covering 2011 calendar year information.

Also enclosed please find Gorham Telephone Company Local Rate Floor data as required by 47 CFR §54.313(h), along with the necessary certification signed by a company officer.

This information is being provided to the Administrator and the Kansas Corporation Commission pursuant to 47 CFR §54.313(i).

Please contact the undersigned if there are any questions regarding the enclosed information.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rob Strait", with a long horizontal flourish extending to the right.

Rob Strait
Authorized Representative for
Gorham Telephone Company

Enclosure

cc: Universal Service Administrative Company

File Clerk
Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, KS 66604

Annual Reporting Requirements pursuant to § 54.313(a)(2)-(6)

WC Docket No. 10-90

§ 54.313(a)(2) – Outage reporting

- ☐ My company was not required to collect this information in 2011.
- ☒ My company collected this information pursuant to state utility commission requirement.
A copy of the report is attached.

§ 54.313(a)(3) – Unfulfilled service requests

- ☒ My company was not required to collect this information in 2011.
- ☐ My company collected this information pursuant to state utility commission requirement.
A copy of the report is attached.

§ 54.313(a)(4) – Customer complaints per 1000 connections

- ☐ My company was not required to collect this information in 2011.
- ☒ My company collected this information pursuant to state utility commission requirement.
A copy of the report is attached.

§ 54.313(a)(5) – Service quality standards and consumer protection rules

I certify that the reporting carrier is in compliance with applicable service quality standards and consumer protection rules.

§ 54.313(a)(6) – Ability to function in emergency situations

I certify that the reporting carrier can function in emergency situations as set forth in 47 CFR §54.202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

I am authorized to make this certification on behalf of the company named above and, to the best of my knowledge the information reported on this form is accurate. This certification is for the study area(s) listed below. **(Please enter your Company Name, State and Study Area Code)**

| Company Name | State | Study Area Code |
|--------------------------------|--------|-----------------|
| Gorham Telephone Company, Inc. | Kansas | 41-1778 |
| | | |
| | | |
| | | |

(If necessary, attach a separate list of additional study areas and check this box.)

☐

Signed,

Tonya M. Murphy
[Signature of Corporate Officer]

Date: June 20, 2012

Tonya M Murphy
[Printed Name of Corporate Officer]

Secr/Treas.

[Title of Corporate Officer]

Carrier's Name Gorham Telephone Company

Carrier's Address PO Box 235; 100 Market St.; Gorham, KS 67640-0235

Carrier's Telephone Number (785) 637-5300

Attachment 6
May 2012

2. All ETCs must provide detailed information on any outage lasting at least 30 minutes for any facilities that an ETC owns, operates, leases, or otherwise utilizes that potentially affect at least 10% of the end users in a service area, or that could affect 911.

| Date of Outage | Time of Outage | Description of the Outage and Resolution | Particular services affected | Geographic Areas Affected | Steps Taken to Prevent Future Recurrences | Number of Customers Affected |
|----------------|----------------|--|------------------------------|---------------------------|---|------------------------------|
| | | None | | | | |

(If necessary, please provide additional pages.)

3. Please provide the number of complaints per 1,000 connections (fixed or mobile). A complaint is any non-duplicative verbal or written complaint received by the company, FCC, and/or KCC.

None

Rate Floor Data

| RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986 | | | | | |
|--|---|---|--|--|-------------------|
| Block 1 - Contact Information | | | | | |
| ROW # | DATA ELEMENT | FORMAT OF REQUESTED DATA | RESPONSE | | |
| 1 | Carrier Study Area Code | 6 numeric digits | 411778 | | |
| 2 | Carrier Study Area Name | alpha characters | Gorham Telephone Company | | |
| 3 | Service Provider Identification Number | 9 numeric digits | 143002292 | | |
| 4 | Residential Local Service Charge Effective Date | mm/dd/yyyy | 1/1/2012 | | |
| 5 | Contact Name | alpha characters | Tonya Murphy | | |
| 6 | Contact Telephone Number (include area code) | 9 numeric digits | 785-637-5300 | | |
| 7 | Sheet number | numeric digit(s) | 1 | | |
| 8 | Total Number of Sheets | numeric digit(s) | 1 | | |
| Block 2 - Residential Local Service Rates, Fees, and Line Counts | | | | | |
| | Column 1 Residential Local Service Charge | Column 2 State Subscriber Line Charge | Column 3 State Universal Service Fee | Column 4 Mandatory Extended Area Service Charge | Column 5 Loops |
| 9 | \$ 16.25 | | \$ 1.45 | | 191 |
| 10 | \$ 17.80 | | \$ 1.45 | | 170 |
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Rate Floor Data

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

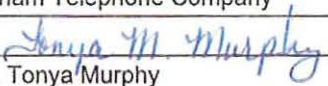
| | | | |
|---|---------------|--|------------------------|
| <p align="center">Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</p> <p>I certify that <u>National Exchange Carrier Association (NECA)</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p> | | | |
| Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u> | | | |
| Name of Reporting Carrier <u>Gorham Telephone Company</u> | | | |
| Signature of authorized officer <u>Tonya M. Murphy</u> | | | Date <u>06/06/2012</u> |
| Printed name of authorized officer <u>Tonya Murphy</u> | | | |
| Title or position of authorized officer <u>Secretary/Treasurer</u> | | | |
| Telephone number of authorized officer: <u>(785) 637-5300</u> ext. <u> </u> | | | |
| Study Area Code of Reporting Carrier | <u>411778</u> | Filing Due Date for this form (mm/dd/yyyy) | <u>7/1/2012</u> |

CERTIFICATION-AGENT

Rate Floor Template

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

| | | | | | |
|---|--|--------|---|--------------------------|----------|
| Name of Reporting Carrier | | | | Gorham Telephone Company | |
| Signature of authorized officer | | |  | | Date |
| Printed name of authorized officer | | | Tonya Murphy | | |
| Title or position of authorized officer | | | Secretary/Treasurer | | |
| Telephone number of authorized officer | | | (785) 637-5300 ext. | | |
| Study Area Code of Reporting Carrier | | 411778 | Filing Due Date for this form (mm/dd/yyyy) | | 7/1/2012 |
| <input checked="" type="checkbox"/> I certify that our company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2012 and has no monthly residential rates (plus charges as defined) less than \$10. | | | | | |